



# Course Information Form

## For Approved Real Estate Courses

This form must be submitted to the Commission office **7 days PRIOR** to the beginning of any course.

Name of School or Course Sponsor \_\_\_\_\_

School Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Administrator's Telephone No.(s) \_\_\_\_\_ Fax \_\_\_\_\_

Administrator's E-mail \_\_\_\_\_

**CHECK ONE**   ☐ 60 Hour Prelicense   ☐ 15 Hour Prelicense   ☐ Sales Post License   ☐ \*Continuing Education

\*Continuing Ed Course Name \_\_\_\_\_ \*Continuing Ed Number of Hours \_\_\_\_\_

Name of Instructor \_\_\_\_\_ Social Security No. \_\_\_\_\_

Instructor's Daytime Telephone No.(s) \_\_\_\_\_ Fax \_\_\_\_\_

Instructor's E-mail \_\_\_\_\_

### CLASS MEETING LOCATION

Address (Bldg. Name if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### COURSE DATES

From: \_\_\_\_\_ To: \_\_\_\_\_

Day(s) of Class Meeting   ☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday   ☐ Saturday   ☐ Sunday

Time of Class Meeting \_\_\_\_\_

Signature of School Administrator \_\_\_\_\_

Date \_\_\_\_\_